

INTEGRATED TREATMENT PLAN

☐ Initial

☐ Update

YOUTH'S NAME	DATE OF BIRTH	JRA NUMBER	REPORT DATE
YOUTH'S LOCATION/LIVING UNIT	CASE MANAGER'S NAME	SUPERVISOR'S NAME	

Motivation and Engagement

Is the youth motivated and engaged to participate in their own treatment progress? ☐ Yes ☐ Intermittently ☐ No

☐ Youth is unmotivated for change or learning skills for positive behavior.

☐ Youth has a fatalistic attitude and is hopeless for the future.

☐ Youth resents or is hostile to pro-social values/conventions and does not see need to change.

☐ Other:

Comment/explain:

Identify and explain strategies for motivating and engaging this youth: **Please Select**

What are this youth's short-term and long-term goals?

What are reinforcers for this youth?

Treatment Hierarchy (Check all that apply)

A. Has the youth recently exhibited parasuicidal ideation, threats, or behavior? ☐ Yes ☐ No

Does the youth have a history of parasuicidal ideation, threats, or behavior? ☐ Yes ☐ No

☐ Youth has had a serious attempt to take her/his life.

☐ Youth engages in parasuicidal or self-mutilating behavior.

☐ Youth makes statements of suicidal ideation.

Comment/explain:

B. Has the youth recently exhibited aggressive ideation, threats, or behaviors? ☐ Yes ☐ No

Does the youth have a history of aggressive ideation, threats, or behaviors? ☐ Yes ☐ No

☐ Youth has physically or sexually assaulted another person.

☐ Youth has made threats to physically or sexually assault another person.

☐ Youth has verbally assaulted or made aggressive sexual comments to another person.

☐ Youth has engaged in passive-aggressive or covert victimization of another person.

☐ Youth destroys property in excess of \$250.00.

Comment/explain:

C. Has the youth recently exhibited escape ideation, threats, or behaviors? ☐ Yes ☐ No

Does the youth have a history of escape ideation, threats, or behaviors? ☐ Yes ☐ No

☐ Youth has escaped from placements and has been absent for extended periods.

☐ Youth routinely engages in runaway behaviors for short periods of time.

☐ Youth has engaged in escape ideation and threats.

☐ Other

Comment/explain:

D. Has the youth recently engaged in treatment-interfering behaviors? ☐ Yes ☐ No

- ☐ Youth is inattentive and disengaged during treatment groups or counseling.
- ☐ Youth interferes with others' treatment progress.
- ☐ Youth refuses to attend or participate in treatment groups.
- ☐ Youth does not attend treatment appointments regularly and on-time.
- ☐ Youth is under the influence of substances when in groups or counseling.
- ☐ Youth lies, omits the truth, or exaggerates in groups or counseling.
- ☐ Youth is not prepared with assignments when attending groups or counseling.
- ☐ Youth is not progressing in treatment groups or counseling.
- ☐ Youth makes excuses or performs behaviors to avoid treatment.
- ☐ Youth engages in unlawful behaviors or supervision violations which contribute to his/her absence from treatment.
- ☐ Other

Comment/explain:

E. Does the youth have significant quality-of-life interfering issues (research-based risk factors related to recidivism)?

☐ Yes ☐ No

- ☐ Youth is homeless.
- ☐ Youth is unemployed or cannot maintain employment.
- ☐ Youth is truant from school, has been suspended more than once, or is expelled.
- ☐ Youth regularly uses or binges with drugs and alcohol.
- ☐ Youth associates with a negative peer group or gang.
- ☐ Youth has no friends, or inconsistent relationships.
- ☐ Youth has been in possession of firearms.
- ☐ Youth has significant amounts of unstructured free time.
- ☐ Youth associates with potential victims or views pornography (Sex Offender only).
- ☐ Youth engages in unlawful behaviors or supervision violations.
- ☐ Youth has inadequate problem-solving skills (inability to identify and implement solutions or inability to negotiate with others).
- ☐ No support system/limited.
- ☐ Gang involved.
- ☐ Other

Comment/explain:

F. Significant treatment consideration (Research-based risk factors directly linked to disruptive behaviors that interfere with the youth's ability to receive treatment for primary target). ☐ Yes ☐ No

- ☐ Mental health diagnosis (DSM or clinical diagnoses from treatment reports).
- ☐ Significant cognitive impairment (IQ below 70)
- ☐ Borderline Intellectual Functioning (IQ between 71 - 75)
- ☐ Significant learning disabilities
- ☐ Neuropsychological factors (Fetal Alcohol Syndrome, autism, significant brain trauma)
- ☐ Early onset of substance abuse
- ☐ Significant grief or loss
- ☐ Significant attachment difficulties

Comment/explain:

How will limitations be addressed?

What is the Primary Target Behavior identified in this Treatment Hierarchy?

TARGET BEHAVIOR	HIERARCHY RANK Please Select	DATE
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Description and function of the behavior:

Attach a copy of the Behavior Chain Analysis associated with this target. <input type="checkbox"/> Check here to indicate client has refused to provide a BCA.		
Interventions for addressing target behavior:		
OVERARCHING SKILL AREA	SPECIFIC SKILL	DATE
Please Select		
Please Select		
Please Select		
Identify steps to block problem behavior/block outcomes:		
Identify shaping steps to increase skillful behavior:		
Identify cue removal or cue exposure plan to allow youth to learn and practice new skills:		
What is the Second Target Behavior identified in this Treatment Hierarchy?		
TARGET BEHAVIOR	HIERARCHY RANK Please Select	DATE
<input type="checkbox"/> No second target behavior identified at this time. Description and function of the behavior:		
Attach a copy of the Behavior Chain Analysis associated with this target. <input type="checkbox"/> Check here to indicate client has refused to provide a BCA.		
Interventions for addressing target behavior:		
OVERARCHING SKILL AREA	SPECIFIC SKILL	DATE
Please Select		
Please Select		
Please Select		
Identify steps to block problem behavior/block outcomes:		
Identify shaping steps to increase skillful behavior:		
Identify cue removal or cue exposure plan to allow youth to learn and practice new skills:		
Generalized Treatment (Education/Vocation/Restitution)		
Summarize other generalized treatment (education, vocation, restitution owed and plan for payment).		
Specialized Treatment		
Summarize the planning for specialized treatment areas (Sex Offender, substance abuse, mental health) during the next reporting period (if applicable).		

Family

Please identify status and participation level of family:

- ☐ Family is motivated and engaged to participate in youth's treatment.
- ☐ Family requires more intervention in order to engage them in youth's treatment.
- ☐ Youth does not have identified family or support network.
- ☐ Unable to contact family.

Explain plan to engage family in youth's treatment

The Integrated Treatment Plan is a collaborative report that is drafted by the assigned case manager, reviewed in a multidisciplinary setting, and finalized by a supervisor or program manager. This report is based on all relevant records and information available and known to JRA at the time of this report.

Report Contributors:

CASE MANAGER

DATE

SUPERVISOR

DATE